



BOOKLET 3

**Miriam F. Acheson  
Family Birth Place  
Guide to Pregnancy  
and Birth**

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**AFTER BIRTH**



PORT HURON

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DOING WHAT'S BEST.®

## CONGRATULATIONS!

This series of educational handouts provides you with information as you progress through your pregnancy. It will follow along with you as you go through your prenatal appointments, routine tests, labor, delivery, caring for and feeding your baby, and your baby's care with their own doctor. It is recommended that those who will care for you and your baby read this book as well.

At McLaren Port Huron you are part of a special tradition of family-centered maternity care that has been trusted for generations. The skilled physicians, nurses and other health care providers you meet at the offices and the staff at McLaren Port Huron strive to provide a safe, comfortable, first-class experience for you and your family.

## IMPORTANT PHONE NUMBERS

Health Care Provider: \_\_\_\_\_

Newborn Doctor: \_\_\_\_\_

Preregistration: 810-989-3270

Miriam F. Acheson Family Birth Place: 810-989-3439

Educational Classes: 810-989-3270 / toll free 1-800-228-1484

[www.mclaren.org/phfbp](http://www.mclaren.org/phfbp)

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## FIRST MOMENTS AFTER BIRTH

Following a **vaginal birth** your baby will be placed skin-to-skin on your chest unless there is a medical reason to take your baby directly to the warmer in your room. Your baby may look slightly blue, but as your care provider stimulates your baby and he or she takes their first breath or cries, your baby should turn more pink. However, baby's feet and hands may remain bluish. As your baby pinks up, your support person will be offered the chance to cut the umbilical cord and you can enjoy time with your baby.

After a **cesarean birth**, you will have the option of skin-to-skin time with your baby in the cesarean suite. In special circumstances, your baby may need to be taken directly to a warmer to be assessed. At that time, your support person will be invited over to the warmer.

### *Special Circumstances*

If your baby has any immediate medical needs, he or she may be taken directly to the warmer or Level 1 nursery. A pediatrician, Level 1 nursery nurse and respiratory therapist will be waiting to assess your baby, if needed.

### **Skin-to-Skin Contact**

After delivery, we encourage you to hold your baby skin-to-skin (sometimes called kangaroo care). We will help you lay your undressed baby against your bare chest and wrap you both in a warm blanket. Research has shown that skin-to-skin contact right after birth until baby's first feeding reduces crying, improves interaction between mom and baby, keeps baby warm and helps you to breastfeed successfully. If you are unable to hold baby immediately, we encourage your significant other to initiate skin-to-skin contact.



## SECURITY AND ID BANDS

For identification and security purposes, two matching identification bracelets and a security tag will be applied to your baby shortly after birth. Both you and your support person will be given identification bracelets that match the two placed on your baby. It is important for all of you to keep these bracelets on until discharge.

### **Hospital Employee Identification**

While you are in the hospital, any employee who comes into contact with you or your baby should be wearing the proper hospital ID badge. All employees and doctors are required to wear their badge where it is easily seen. If you have questions or concerns, talk with your nurse.

## BABY CARE

After your baby's birth, your nurse will measure your baby's weight, length, head circumference and administer medications. Every newborn receives an injection of vitamin K to promote blood clotting and an eye treatment of erythromycin to prevent blindness from bacteria present during delivery.

## VISITING GUIDELINES

We encourage you and your support person to get as much rest as possible while in the hospital. Talk with your care provider for the most current visitor guidelines.

## RECOVERY: FIRST TWO HOURS

Recovery takes place in your labor and delivery room and lasts for two hours. During this time, you will be monitored in the following ways:

- Your blood pressure, heart rate and breathing will be checked often.
- The nurse will massage your abdomen to make sure your uterus is firm.
- Your sanitary napkin will be checked for the amount of bleeding.
- Your bladder will be assessed to know how it is filling and if you are able to urinate after delivery.
- If you had an epidural, you will be assessed for the return of feeling and sensation.
- You'll be assisted with breastfeeding and bonding with your baby.
- Continue skin-to-skin with your baby.

Visitors are allowed as long as they are healthy and wash their hands. However, this is a great time to bond with your baby, so you may want to delay visitors until later.

### **Emotions After a Cesarean Delivery**

You and your support person may feel disappointed after a cesarean delivery, especially if it was unexpected. You and your support person may experience a wide range of emotions. Your hormones are changing, and mood swings are common. This is normal. It is important that the two of you continue to talk with each other about your feelings. Remember the ultimate goal of all your hard work is to have a healthy mom and baby.

### **Pain Control**

You may be quite comfortable after delivery. The epidural/spinal will continue working for up to 24 hours. As the epidural/spinal medication wears off, you will begin to regain feeling in the lower half of your body. During this time you may experience discomfort. Your nurse will offer you the prescribed pain medication your doctor orders.



## RECOVERY: AFTER THE FIRST TWO HOURS

Your nurse will continue to check on you to make sure you are doing well. Your heart rate, blood pressure, firmness of your uterus and amount of bleeding will continue to be monitored. You will be getting out of bed, walking and eating soon after delivery.

The nurses will make sure you have good pain control. They will instruct you to take your pain medications in a timely way. Don't let the pain get too strong before you ask for pain medication. If you are breastfeeding, you will be given a pain medication that is safe for your baby. As your recovery progresses, your IV and catheter will be removed. One adult (18 years or older) support person is encouraged to spend the night with you. Children under the age of 18 are not permitted to stay overnight.

Normal hospital stays:

- Vaginal birth – 24 hours
- Cesarean delivery – 48 hours

## CARING FOR YOURSELF

Your body needs this time to begin recovering from delivery. Keep your baby in the room with you and keep visits short unless the visitor is there to help. Your nurse will help you learn how to take care of yourself as changes in your body take place.

The weeks after delivery can be challenging, both physically and emotionally. Your body begins to process of healing after delivery. This takes about 6 weeks. During this time your body is trying to get back to its pre-pregnancy state, and if you are breastfeeding, your body is making milk to nourish your baby. It is very important to take good care of yourself during this time.

### Activity

Comfort should guide your activity level. Most doctors advise against heavy lifting (nothing over 10 pounds for 4 weeks). It is generally okay to resume light household chores and increase activity gradually after 2 weeks. Always rest when you are tired. As you increase activity you may begin to bleed more heavily. This is your body's way of telling you to slow down and take it easy. Listen to your body.

Do not resume driving until you can do so safely and comfortably. If you had a cesarean delivery, you should not drive for two weeks afterward because your reaction time will be slower.

If you live in a multi-level home, you may want to set up a safe sleep area for your baby to be with you on whatever floor you will be on most of the time. This will prevent you from using the stairs too often.

## CARING FOR YOURSELF (CONT'D.)

### **Bathing**

You may shower as soon as you are able to walk comfortably after delivery. Our showers have hand-held sprayers. Your doctor will give you further instructions on tub baths.

### **Bleeding After Delivery**

After delivery and for the next 6 weeks your uterus will be shrinking. For 4-6 weeks after delivery you will experience vaginal bleeding. Immediately after delivery bleeding can be very heavy, like a period, with some clots, but this will change over time. It is recommended you not use tampons in the early weeks after delivery.

- Days 1-3: Bleeding will be dark red with some small clots.
- Days 3-10: Bleeding will become lighter in amount and color.
- Day 10 and after: Bleeding will become more brown/red in color and diminish in amount.
- Within a couple weeks the discharge will often decrease to spotting or a light discharge.
- Bleeding may increase when you stand, after lying down for a while or when you are more active.

### **Breast Changes**

You will notice your breasts gradually filling with milk. By your baby's fourth day of life, your breasts may feel very full. If you are breastfeeding, refer to your hospital-issued resource guide.

### **Cramping**

You may experience mild cramping in the first 2-3 days after delivery due to your uterus shrinking back to its pre-pregnancy size. This is normal. The hormones used for breastfeeding also make the uterus contract. If you are breastfeeding you may experience cramping a bit more.

### **Constipation**

The first bowel movement after delivery can cause anxiety, especially if you have stitches on your perineum. Drink lots of fluids and eat high-fiber foods, such as fruits, vegetables and whole grains. Your doctor may recommend the use of stool softeners. Use only as directed.

### **Eye Hemorrhages**

Some of the blood vessels in the white part of your eye may burst when you are pushing to deliver your baby. This is painless and will clear by itself without any treatment.

### **Fatigue**

You will be very tired when you go home. Rest as much as you can. Nap when your baby is sleeping and have others help with household chores. If you don't have a lot of support in those early weeks, only do what is necessary. Your focus should be taking care of yourself and your baby. Everything else can wait.

### **Hair Loss**

Your body experiences hormonal changes after delivery. You may notice large amounts of your hair slowly falling out. This is not unusual. Your hair will return to normal, but it may take several months.

## CARING FOR YOURSELF (CONT'D.)

### Hemorrhoids

Hemorrhoids are swollen veins around the rectum and can result from pregnancy and birth. You can treat them by maintaining a high-fiber diet, drinking plenty of fluids, using cold compresses, frequent warm baths or anything else your doctor may recommend. Do not strain when you are trying to pass stool. If you have severe pain from the hemorrhoids be sure to talk with your doctor.

### Muscle and Joint Pain

You may experience achy muscles and joints for a few days after delivery. This is a result of all the hard work you did to deliver your baby. You may have stiff joints in your hands if you had an IV during delivery. These aches and pains will diminish over the next few days.

You may notice your belly is soft and flabby. It will take time and exercise to reshape your abdomen. Your doctor will recommend exercises to help you strengthen these muscles. Some exercises you can start after delivery include:

- Kegel exercises
- Pelvic tilt
- Small abdomen curls
- Walking

### Varicose Veins

If you developed varicose veins during pregnancy, elevate your legs when resting. You can also wear support stockings for the first 6 weeks.

## PERINEUM AND INCISION CARE

### Perineum Stitches Care

It is important to keep your stitches as clean as possible. You may want to keep ice packs on your stitches for the first 24 hours after delivery. Ice is soothing and decreases swelling around the stitches.

When up to the bathroom:

- Wash your hands.
- Always wash from front to back.
- You may use witch hazel/Tucks pads on your stitches for comfort.
- Change your sanitary napkin every time you go to the bathroom.
- You may experience itching as the stitches dissolve and the area begins to heal. **DO NOT SCRATCH.**
- For comfort, sit from side to side rather than on both buttocks. Never sit on an inflatable donut.
- Do not use tampons or douches until all bleeding has stopped.
- Do not resume sexual intercourse until after you have been seen by your provider at your 6-week appointment.

## PERINEUM AND INCISION CARE (CONT'D.)

### Incision Care

After a cesarean delivery you may have either staples or stitches on the lower part of your abdomen. If the staples are not removed before you leave the hospital, arrangements will be made to take them out. Steri-strips (sticky tapes) will be applied after the staples are removed.

- Wash your incision twice a day with soap and water. Pat gently to wash, rinse and pat dry.
- Keep your incision dry.
- Steri-strips usually fall off within a couple of weeks.

You may experience itching as the incision begins to heal. **DO NOT SCRATCH.**

## MENSTRUAL CYCLE AND FAMILY PLANNING

The return of a woman's menstrual cycle after delivery varies. If you are bottle feeding your baby, your menstrual cycle may return in 4-9 weeks. If you are breastfeeding, your cycle may not return for months. Whatever the case, you may ovulate at any time. Breastfeeding is not a form of birth control. Discuss with your provider the best family planning options for you.

## EMOTIONAL CHANGES AFTER BABY

It is very common for new moms to have the "baby blues." Approximately 80% of new mothers will experience the baby blues within a couple days of giving birth. These feelings usually come and go within the first two weeks of birth and go away without treatment. Usually feeling sad, tearful, irritable and anxious will not keep you from caring for your baby.

If these symptoms persist longer than 2-3 weeks you may have postpartum depression. Postpartum depression affects 1 in 8 women. It is a serious condition that requires fast treatment from your doctor. Contact your doctor immediately if the following symptoms last longer than 1-2 weeks at any time during your baby's first year of life:

- Less energy and motivation to do things
- Showing little interest in your baby
- Feeling sad, restless, irritable or anxious
- Difficulty sleeping or sleeping more than usual
- Feeling worthless, hopeless or guilty
- Unexplained weight loss or gain
- Frequent crying or tearfulness
- Loss of appetite
- Loss of interest or pleasure in life
- Feeling like life isn't worth living
- Thoughts of harming yourself or your baby  
(Call 911 or your doctor IMMEDIATELY)





## EMOTIONAL CHANGES AFTER BABY (CONT'D.)

You have experienced many changes since the arrival of your baby – physical, emotional and lifestyle. Experiencing postpartum depression is not your fault and does not mean you are not a good mother. If you get depressed, you need to get help. It will not get better on its own.

The good news is that postpartum depression is treatable and will go away. The best treatment for postpartum depression is support from family and friends, individual or group counseling, and medicine that is prescribed by your doctor. Not all women need medication and not all women need counseling. Talk with your doctor about the best treatment plan for you.

- Don't try to do everything. Do as much as you can and ask others for help when you need it.
- Find someone you can talk to about your feelings.
- Talk with your doctor.
- Find time to do something for yourself, even if it's only 15 minutes a day.
- Get enough rest; sleep when the baby sleeps.
- Eat a healthy diet and stay active.
- Keep a diary of your emotions and feelings.

The most serious psychiatric disorder that can happen after a baby's birth is postpartum psychosis. It is very rare but is a medical emergency. If you experience any of these symptoms, **CALL 911 IMMEDIATELY!**

- Sleep disturbances
- Confusion, delusions
- Agitation, irritability
- Potential for suicide or hurting baby



## EDINBURGH POSTNATAL DEPRESSION SCALE

The Edinburgh Postnatal Depression Scale\* is a screening tool used to help identify mothers suffering from postpartum depression. Complete the following 10 questions at 7 days after delivery and again at 6 weeks after delivery. Total your score and write it down at the end of the survey.

1. I have been able to laugh and see the funny side of things.
  - 0 As much as I always could
  - 1 Not quite so much now
  - 2 Definitely not so much now
  - 3 Not at all
2. I have looked forward with enjoyment to things.
  - 0 As much as I always could
  - 1 Rather less than I used to
  - 2 Definitely less than I used to
  - 3 Hardly at all
3. I have blamed myself unnecessarily when things go wrong.
  - 0 No, not at all
  - 1 Hardly ever
  - 2 Yes, sometimes
  - 3 Yes, very often
4. I have been anxious or worried for no good reason.
  - 0 No, not at all
  - 1 No, not much
  - 2 Yes, sometimes
  - 3 Yes, quite a lot
5. I have felt scared or panicky for no good reason.
  - 0 No, not at all
  - 1 No, not much
  - 2 Yes, sometimes
  - 3 Yes, quite a lot
6. Things have been getting on top of me.
  - 0 No, I have been coping as well as ever
  - 1 No, most of the time I have coped quite well
  - 2 Yes, sometimes I haven't been coping as well as usual
  - 3 Yes, most of the time I haven't been able to cope at all
7. I have felt sad or miserable.
  - 0 No, not at all
  - 1 Not very often
  - 2 Yes, quite often
  - 3 Yes, most of the time
8. I have been so unhappy that I have had difficulty sleeping.
  - 0 No, not at all
  - 1 Not very often
  - 2 Yes, quite often
  - 3 Yes, most of the time
9. I have been so unhappy that I have been crying.
  - 0 No, never
  - 1 Only occasionally
  - 2 Yes, quite often
  - 3 Yes, most of the time
10. The thought of harming myself has occurred to me.
  - 0 Never
  - 1 Hardly ever
  - 2 Sometimes
  - 3 Yes, quite often

**Add up each number from your answers:**

Total score 7 days after delivery: \_\_\_\_\_

Total score 6 weeks after delivery: \_\_\_\_\_

A score of 12 or more indicates possible depression. Call your doctor immediately.

*\*Edinburgh Depression Scale taken from the British Journal of Psychology June 1987, Vol. 150 by J.L. Cox, J.M. Holden, R. Sagovsky.*

## DIET AND EXERCISE

Combining a healthy diet with exercise will help your recovery after your baby's birth.

Eating a healthy, balanced diet is important to your recovery. Don't try to lose weight quickly by cutting calories; weight loss should be gradual. Calcium and iron are essential nutrients you should include in your diet. Continue your prenatal vitamin supplement, or an over-the-counter multivitamin, with iron if needed. Drink plenty of non-caffeinated fluids every day. Limit or avoid caffeine, alcohol and tobacco use, especially if you are breastfeeding.

Exercising regularly after delivery can help with weight loss, strengthen pelvic floor and abdominal muscles, keep bones strong and tone and shape the body. Weight bearing exercise, such as walking, is adequate in the beginning, depending on how you feel. More vigorous exercise should be discussed with your doctor at your 6-week postpartum check-up. Remember to listen to your body and do what feels comfortable.

You may lose 10-20 pounds fairly easily during the postpartum period. More weight loss will be easier with moderate exercise and eating a healthy diet. By listening to your body and following the food guidelines at [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov), you will continue to heal and maintain a healthy lifestyle after you are home with baby.

Many pregnant women experience lower back pain during pregnancy. If back pain persists for an extended period of time after delivery, talk with your doctor. Physical therapy may be beneficial for you.

### Tips to keep your back healthy:

- Car seats: Keep your back straight; don't carry with only one arm.
- Stroller: Choose a stroller with handles you can reach without stooping. Set up the stroller before lifting baby out of the car seat.
- Crib: Get as close to baby as possible.
- Rocking to sleep: Support your back with a lumbar support and arms with a pillow.
- Breastfeeding: Bring baby to the breast, not breast to the baby.
- Pumping: Avoid holding the pump(s) on the breast in an awkward position. Try a pumping band for support.
- Changing table: The ideal height is midway between the waist and eye level.
- Carrying baby: Carry baby with their chest facing your chest, keeping the weight close to you.



# SAVE YOUR LIFE:

## Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after the birth of a baby.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



<p><b>Call 911</b> if you have:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>P</b>ain in chest</li> <li><input type="checkbox"/> <b>O</b>bstructed breathing or shortness of breath</li> <li><input type="checkbox"/> <b>S</b>eizures</li> <li><input type="checkbox"/> <b>T</b>houghts of hurting yourself or your baby</li> </ul>
<p><b>Call your healthcare provider</b> if you have:</p> <p>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>B</b>leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger</li> <li><input type="checkbox"/> <b>I</b>ncision that is not healing</li> <li><input type="checkbox"/> <b>R</b>ed or swollen leg, that is painful or warm to touch</li> <li><input type="checkbox"/> <b>T</b>emperature of 100.4°F or higher</li> <li><input type="checkbox"/> <b>H</b>eadache that does not get better, even after taking medicine, or bad headache with vision changes</li> </ul>



**Tell 911 or your healthcare provider:**

"I had a baby on \_\_\_\_\_ and  
(Date)  
 I am having \_\_\_\_\_."  
(Specific warning signs)

**These post-birth warning signs can become life-threatening if you don't receive medical care right away because:**

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or your baby** may mean you have postpartum depression
- **Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy or C-section site may mean you have an infection
- **Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

**GET HELP** My Healthcare Provider/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Hospital Closest To Me: \_\_\_\_\_



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## NOTES

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PORT HURON

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1221 Pine Grove Ave.  
Port Huron, MI 48060

810-987-5000  
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